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As a b	elow named inventor,			LONGER OF MALIOIDAE	ZI USA/PC)	
(a) (b)	My residence and Ci I verily believe I am/	itizenship are as so twe are the origination entitled: CA n of which:	stated below my name. My P.O al, first and sole/joint inventor(; TALYSTS FOR OLIGOMEF is attached hereto ( ).	as ( <u>62779A</u> ). / 05/05841		
(c)	I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by					
(d)	any amendment referred to above.  I acknowledge my duty under 37 CFR 1.56 to disclose to the U.S. Patent and Trademark Office all information known to me to be material to					
	patentability as defined in 37 CFR 1.56(b). If this application is a continuation-in-part application, I acknowledge the duty to disclose all information known to me to be material to patentability as defined in 37 CFR 1.56(b) that became available between the filing date of the prior application from which priority is claimed in part (f) below, and the national or PCT international filing date of this application.					
(e)	I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate listed below or §365(a) of any PCT international application that designated at least one country other than the United States of America listed below, and also identify below any other foreign equivalent application for patent or inventor's certificate or any other equivalent PCT international application having a filing date before that of the application on which priority is claimed:					
	PRIOR FOREIGN APPL		N APPLICATION(S)	PRIORITY CLAIMED	CERTIFIED COPIES INCL.	
	Number	Country or	PCT Day/Month/Yo	ear Filed		
	Additional clair	ms for benefit are	attached.			
	US or PCT Appln.	Serial No.	Filing Date	Status at Applica	tion Filing Date	
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P. O. Address: Same as Residence P. O. Address: Same as Residence Hillos Jes At: Chareston, West Virginia USA this \_\_\_\_ day of \_\_\_\_ APRIL\_ At: Chareston, West Virginia USA <u>ک ن</u> 20 , 2005 this 12 day of April Signature: Timothy R. Wenzel Full Name: Signature: Residence: 888 Poplar Road Full Name: William C. Brooks 12 Indian Trail Charleston, West Virginia 25302 Residence: Country: St. Albans, West Virginia 25177 **United States of America** United States of America Country: Citizenship: **United States of America United States of America** P. O. Address: Same as Residence Citizenship: P. O. Address: Same as Residence Additional names and signatures are attached.

Page two of two

Docket Ref.: 62779A

## Additional names, addresses and signatures to be attached to Form No. 1000

## Entitled: DECLARATION AND POWER OF ATTORNEY

At: Charleston, West Virginia USA	At:	
this //5c day of April , 20 0.5	this day of	. 20
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بر ز ر .		
Signature: Vella J. Fotter	C:	
Full Name: Teresa L. Fortin	Signature:	
	Full Name:	
Residence: Same as P.O. Box	Residence:	
City, State, Zip: Alum Creek, West Virginia 25003	City, State, Zip:	
Country: United States of America	Country:	
Citizenship: United States of America		
P. O. Address: P. O. Box 496	Citizenship:	
P. U. Address: P. U. Box 496	P. O. Address:	
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